

**CITY OF HOUSTON
HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT
FINANCIAL SERVICES SECTION
Request for Payment Form**

CONTRACTOR:	PROJECT TITLE:	RESERVATION NUMBER(S):
CONTACT:	Voluntary Visitability Program	
MAILING ADDRESS:	TAX IDENTIFICATION NUMBER:	EXPENSES FOR THE PERIOD :
		FROM: TO:

INVOICE NUMBER	DATE OF INVOICE	PAYEE AND DESCRIPTION OF GOODS AND SERVICES	AMOUNT

We hereby certify that the above-mentioned goods and services have been received, that the quantity , quality and price thereof have been verified and that they were for use solely on the project and contract shown.

PREPARED BY:_____ DATE:_____

SIGNATURE OF SUBCONTRACTOR:_____ DATE:_____

PROJECT MANAGER, HCDD: _____ DATE: _____

FINANCIAL SERVICES SECTION, HCDD: _____ DATE: _____